

Improving Patient Safety Outcomes Through Adaptive Approaches

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Learning Objectives

- RECOGNIZE THE DIFFERENCE BETWEEN TECHNICAL AND ADAPTIVE CHALLENGES
- IDENTIFY CURRENT ADAPTIVE PATIENT SAFETY CHALLENGES
- REVIEW OPTIONS FOR MAKING PROGRESS ON ADAPTIVE PATIENT SAFETY CHALLENGES
- APPLY AN ADAPTIVE IMPROVEMENT APPROACH TO A CURRENT PATIENT SAFETY CHALLENGE

A Familiar Story

- 33 year old with fever and URI symptoms
- No underlying health issues
- Works in factory, recent layoffs
- Requests Z-pack
 - “Worked before” for him
 - Can’t afford to miss work
 - Won’t leave w/o Rx
- Waiting room full of other pts



- What strikes you about a scenario like this?

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Technical versus Adaptive Work

- Ronald Heifetz MD, *Leadership Without Easy Answers* (1994)
- Examples from book
 - 1960s civil rights movement
 - 1960s Vietnam
 - 1980s interacting with USSR
 - Patient with progressive cancer

Technical Challenges	Adaptive Challenges
Known solutions	Solutions unknown (and unknowable in advance)
Best (or good enough) practices	Solution fit for purpose
Expertise beneficial	Beyond authoritarian expertise
Current structures can be used	Change in behaviors, structures, beliefs
Standardization, minimize variation	Discovery, experimentation, learning
Implementation	Emergence

Technical Challenges

- Patient safety examples?

Technical Challenges

- Patient safety examples?
 - Central line insertion technique
 - Medication prescription algorithms
 - Room cleaning protocol between patients

Adaptive Challenges

- Patient safety examples?

Adaptive Challenges

- Patient safety examples?
 - Communication of concerns not held by other
 - Antibiotic overutilization
 - Helping patients become “activated”

During an Infection Prevention Discussion

- 6 ICU nurses at 3 AM
- When asked, “How are your infection prevention efforts going?” they said
 - They have great VAP bundle compliance
 - Doing great new prevention work for CA-UTI and CLABSI
 - They usually wash their hands going out of rooms, sometimes going in
- What would your next move be?

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Why Does This Matter?

- Technical approaches to adaptive work
 - Short-term benefit, if any
 - Can perpetuate/worsen problem
 - Side effects of technical interventions
 - Passivity re: adaptive work (patients)
 - Distraction from supporting adaptive work (clinicians)

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 - Distraction from supporting adaptive work (clinicians)
- Exacerbated by current HC payment models
- Focus on short-term rather than long-term
 - Unintended consequences

Typical Response to Adaptive Challenge

- Try to find the ***one*** answer using order and control
- Create solutions in advance and then “roll out”
- Use old, previously successful methods with modest results, if any
- Work really hard without feeling very smart or sense of reward

CUSP

- Clinical, executive, front-line roles
- 5 steps- requires ***both technical and adaptive work***
 - ***Science of safety training***
 - ***Staff identify defects***
 - ***Senior executive rounds***
 - ***Learn from defects***
 - ***Implement improvement tools***
- Ongoing data/feedback

Michigan Keystone Project

Pronovost et al. NEJM 2006;355:2725-32

- 103 ICUs 2003-5
- Mostly teaching hospitals
- 180-917 hospital beds
- Intervention
 - CLABSI “bundle”
 - Daily goals sheet use
 - VAP reduction “bundle”
 - CUSP to improve safety culture

THE *NEW YORK TIMES* BESTSELLER

THE **CHECKLIST** MANIFESTO

HOW TO GET THINGS RIGHT

PICADOR

ATUL GAWANDE

BESTSELLING AUTHOR OF *BETTER* AND *COMPLICATIONS*

Reality Check for Checklists

Bosk et al. Lancet 2009;374:444-5

- Checklists (technical) not solution for adaptive (sociocultural) problem
- Michigan success results of
 - Social network creation
 - Shared sense of mission
 - Group learning
 - New roles, including senior executive
 - Shifting power relationships
 - Open communication of data/feedback

Adaptive Patient Safety Work

- Diagnose the system
 - Observe, interpret, intervene (what/so what/now what)
- Diagnose the adaptive challenge
 - Technical/adaptive elements
 - Where have you tried and failed multiple times?
 - Conflict, resistance, work avoidance

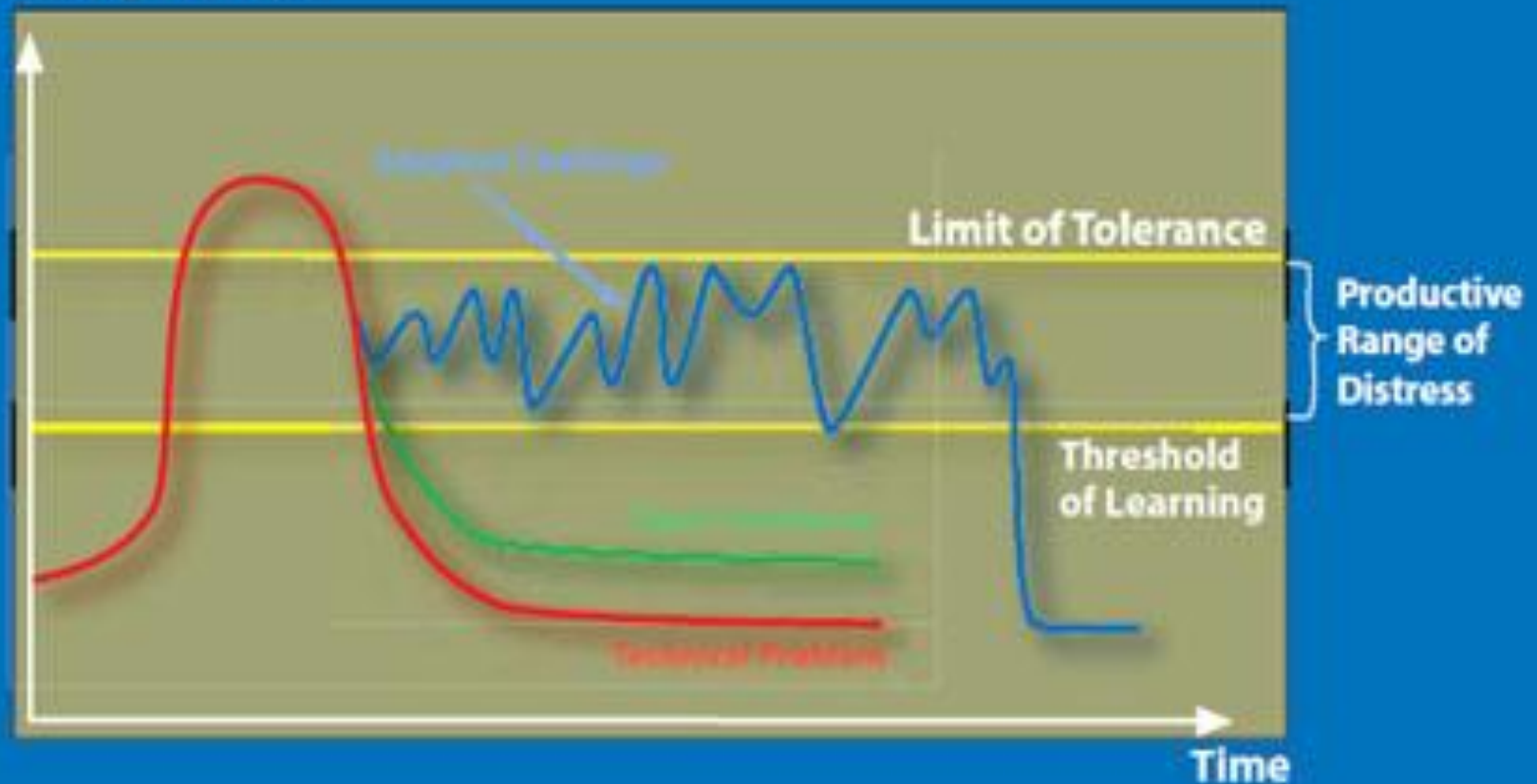
Adaptive Patient Safety Work

- Create “holding environment”
 - “Ties that bind people together and maintain collective focus on what they’re trying to do”
 - Safe to confront elephants in the room
 - CUSP
- Select the participants
 - Who else needs to be involved?
- Regulating the heat
 - Level of distress at productive range
 - Neither comfortable with status quo nor overwhelmed

Figure 1

Technical Problem or Adaptive Challenge ?

Disequilibrium



So What Do I Do?

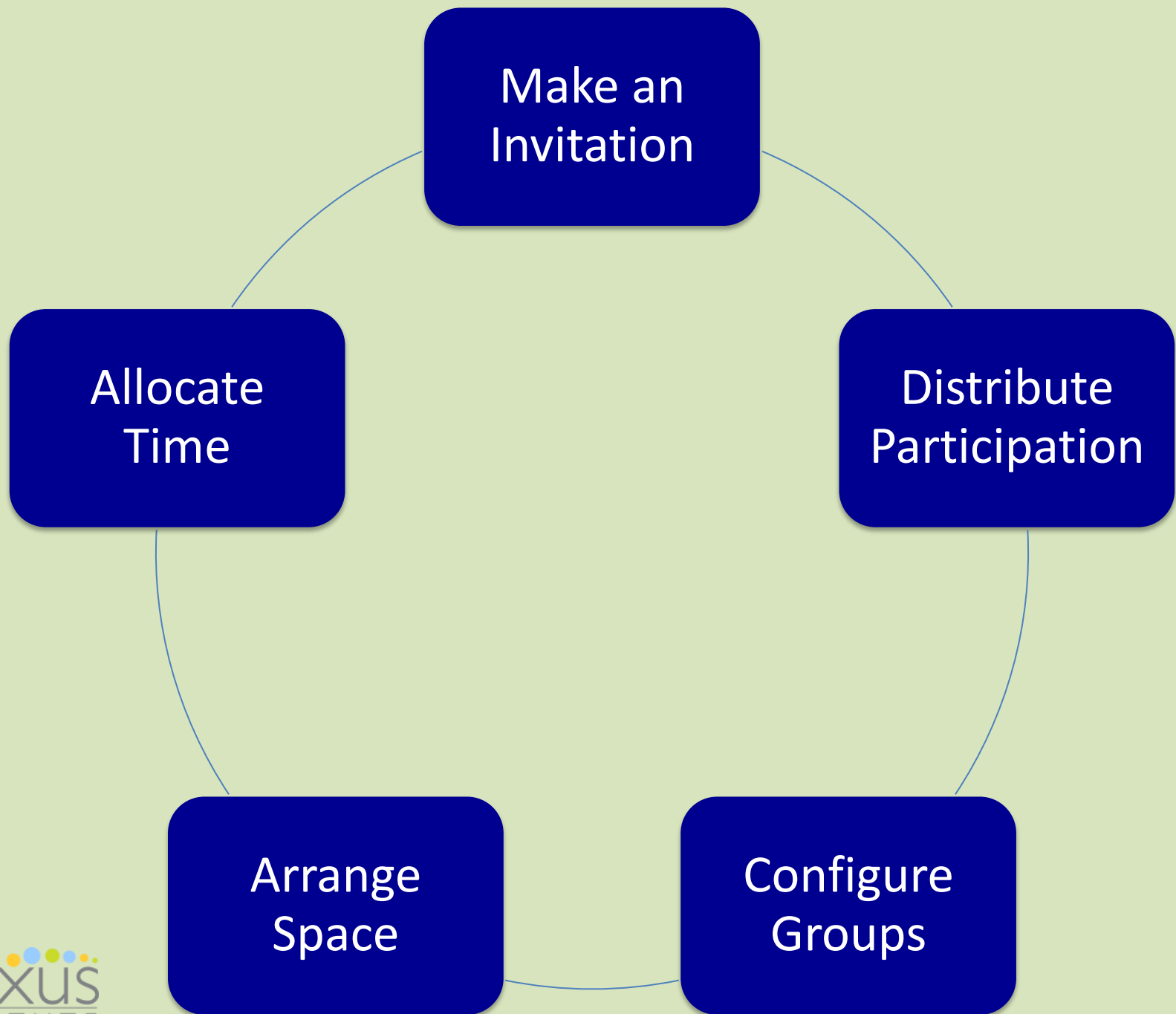
- Ask questions...instead of providing answers
 - Open ended
 - What/How/Who/When
 - Avoid Why (judgmental)
- Facilitate...instead of directing
- Give the work back at appropriate rate

So What Do I Do?

- Balcony/dance floor
- Maintain disciplined attention (don't get distracted by technical work)
- Protect voices of leadership from “below”

So What Do I Do?

- Let them figure out solutions
 - And trust that they will
- Use dialogue
- Create conditions
 - Use Liberating Structures
(www.liberatingstructures.com)



Listen to me from
start to finish

One presenter
speaks, everyone
else listens

Intro, then mostly
presentation, then
“any questions?”

One person and a
large group

Presenter in front,
audience facing
same direction

Summing Up

- Technical/adaptive challenges
 - Patients
 - Practices
- Do the adaptive work needed
 - Give the work to people with problem
 - Modulate the heat
 - Use methods like Liberating Structures to create conditions for innovation, creativity, and learning

Learn from the people

Plan with the people

Begin with what they have

Build on what they know

Of the best leaders

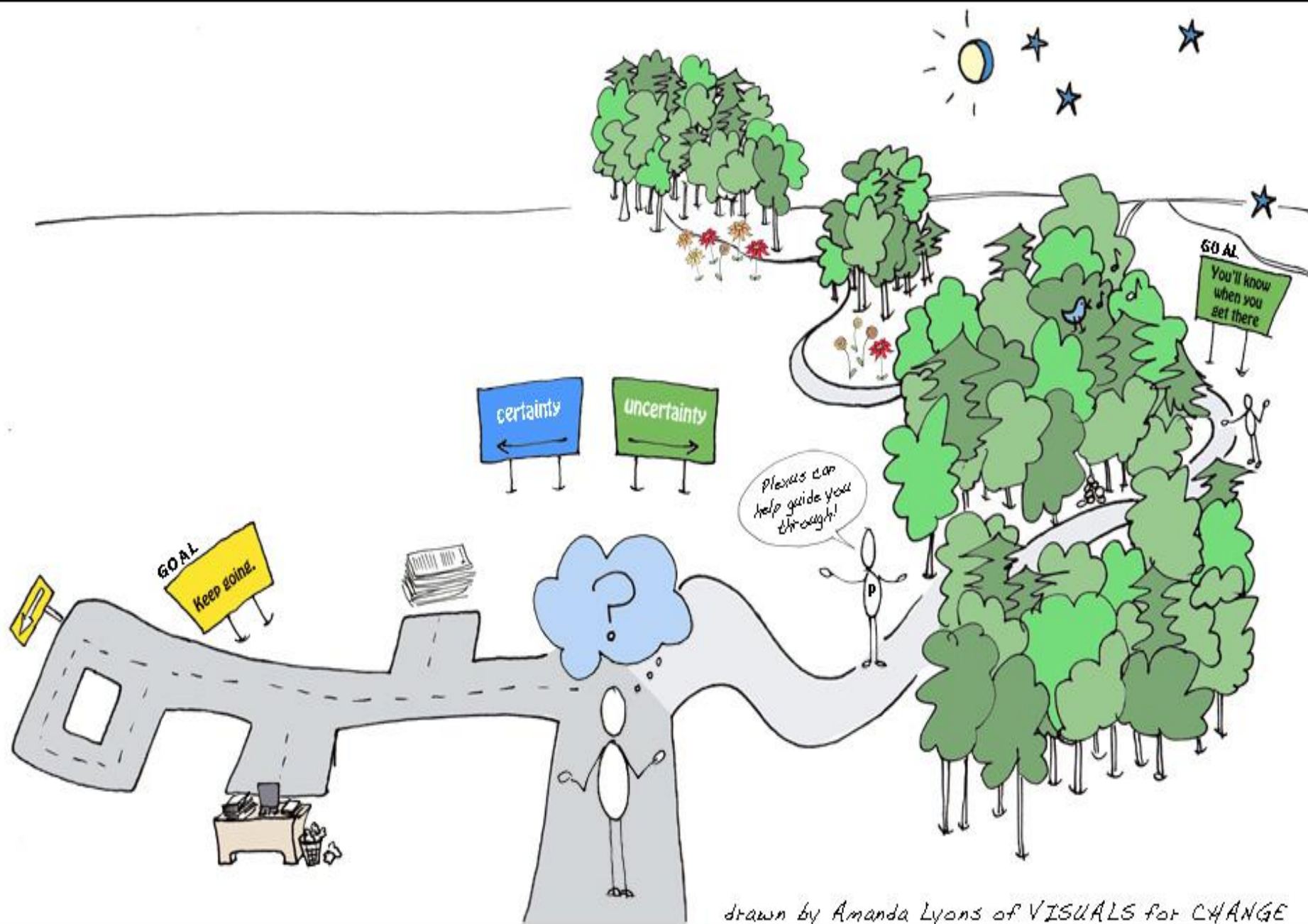
When the task is accomplished

The people all remark

We have done it ourselves

Lao-Tzu

- 3- day workshop on methods for adaptive patient safety work
 - Week May 5
 - Einstein Philadelphia campus
 - Focus on
 - Adaptive lens
 - Relationship
 - Sense-making/group learning
 - Contact me if interested jeff@plexusinstitute.org



drawn by Amanda Lyons of VISUALS for CHANGE

Please fill out your evaluation

Thank You!

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